

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39486
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1008
(c) City ST. LOUIS (d) Street No. LUTHERAN HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JUNIUS W. BUTLER
(a) Residence, No. 1811 NEBRASKA AVE. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF LEE BUTLER (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 16, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 60 2 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as saw mill, bank, etc. INT. HARVESTING CO.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) SMITH'S GROVE (STATE OR COUNTRY) KY.

13. NAME WM. BUTLER

14. BIRTHPLACE (CITY OR TOWN) KY.

15. MAIDEN NAME GEORGIANA ROUNDTREE

16. BIRTHPLACE (CITY OR TOWN) KY.

17. INFORMANT MRS. LEE BUTLER (ADDRESS) 1811 NEBRASKA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE SMITH'S GROVE KY. DATE NOV. 12, 1937

19. FUNERAL DIRECTOR PEETZ BROS. (ADDRESS) 3029 LAFAYETTE AVE.

20. FILE NOV 11 1937 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 9th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1937, to November 9, 1937
I last saw him alive on November 9, 1937. Death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall-bladder primary
Carcinoma of liver
Date of onset 2

Other contributory causes of importance:
Cholelithiasis
Diabetes Mellitus
46 E
2

Name of operation Cholecystectomy Date of Nov. 3, 1937
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify St. Louis Schuchert, M. D.
(Signed) (Address) 2200 Chestnut Ave.

Dr. Schuchard
23rd St. & Broadway
1:00 P.M.

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Frank I. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)